

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90086 009 ***150.00

50076386

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000015026
1. Entity Name W. O. M. USA IPM+T, INC.

Principal Place of Business
7486 Lake Marsha Drive
Orlando, FL 32819

Mailing Address
1400 W. Fairbanks Avenue
Suite 102
Winter Park, FL 32789

2. Principal Place of Business
4531 36th Street

3. Mailing Address
200 E. Robinson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 500

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3493856

Applied For
☐ Not Applicable

Zip 32811 **Country** USA

Zip 32801 **Country** USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CorpDirect Agents
103 N. Meridian Street
Lower Level
Tallahassee, Florida 32301

7. Name and Address of New Registered Agent

Name
Florida Corporate Support, Inc.

Street Address (P.O. Box Number is Not Acceptable)
200 E. Robinson Street

Suite 500

City Orlando **FL** **Zip Code** 32801

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Florida Corporate Support, Inc.

SIGNATURE By: *[Signature]* **Assistant Secretary** **4/11/00**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME Wiest, Peter P.

STREET ADDRESS 7486 Lake Marsha Drive

CITY-ST-ZIP Orlando, FL 32819

TITLE P/AS/D ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP ☐ Delete

NAME Wiest, Sandra

STREET ADDRESS 7486 Lake Marsha Drive

CITY-ST-ZIP Orlando, FL 32819

TITLE VP/S/D ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP/D ☐ Change ☒ Addition

NAME Thier, Carl-Christian

STREET ADDRESS 7485 Lake Marsha Drive

CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/00

Date

(407) 438-8810

Daytime Phone #